

**Edward A. Chow, M.D.**  
President

**David Pating, M.D.**  
Vice President

**Dan Bernal**  
Commissioner

**Cecilia Chung**  
Commissioner

**Judith Karshmer, Ph.D., PMHCNS-BC.**  
Commissioner

**James Loyce, Jr., M.S.**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**London N. Breed, Acting Mayor  
Department of Public Health**



**Barbara A. Garcia, M.P.A.**  
Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday, December 19, 2017, 2:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner Edward A. Chow M.D., President  
Commissioner David Pating, M.D., Vice President  
Commissioner Dan Bernal  
Commissioner Cecilia Chung Commissioner  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC  
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner James Loyce, Jr., M.S.

The meeting was called to order at 2:13pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 21, 2017**

*Note: There was not a quorum of Health Commissioners at the 12/5/17 meeting. Therefore an informational session took place, with no action, in which the Laguna Honda Hospital Annual Report and employee awards were presented; and a resolution to honor Colleen Chawla, former Deputy Director of Health, was read.*

Action Taken: The Health Commission unanimously approved the minutes of the November 21, 2017 meeting.

**3) DIRECTORS REPORT**

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:  
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

**Statement on the Passing of Mayor Ed M. Lee**

Mayor Edwin M Lee died early last Tuesday morning at Zuckerberg San Francisco General Hospital. Please join me in sending heartfelt condolences to his family and loved ones. Mayor Lee was a dedicated, compassionate leader who truly cared about our city and always worked on its behalf. He was a champion of many health

department programs and a tremendous supporter of the work that we do every day. He often visited patients at Zuckerberg San Francisco General Hospital, spent time at Laguna Honda Hospital and visited our clinics throughout the city. He was a world leader in the fight against HIV/AIDS, funding San Francisco's efforts even in the face of federal cuts.

Most recently, I worked closely with Mayor Lee on the issues of homelessness, mental health and substance use. He cared deeply about the people impacted by these problems and sought humane and lasting solutions. I appreciated his open mindedness, his thoughtfulness and his determination to make progress. Mayor Lee touched the city in many ways. Before joining city government, he served as a civil rights attorney, representing low-income tenants in Chinatown. He held many city positions over the past 20 years, including Director of the Human Rights Commission, Director of the Department of Public Works, City Administrator, Interim Mayor and finally Mayor. Throughout it all, his devotion to his family, and his friendly manner never wavered. He was a positive person, and it was an honor to work for him.

Mayor Lee arrived at Zuckerberg San Francisco General Hospital shortly after 10pm on Monday, Dec 11. He was in critical condition, and we attempted life-saving measures for several hours. He died at 1:11am on the morning of Tuesday, Dec 12. We expect the medical examiner to determine the cause of death.

London N. Breed was sworn in as Acting Mayor of San Francisco in the early hours of Tuesday, Dec 12th. City code dictates that the Board of Supervisors can choose to elect an alternative and would need 6 votes to do so. There will be a special election in June of 2018 to determine the next Mayor of San Francisco.

#### **Appointment of Dr. Naveena Bobba as Deputy Director of Health**

I am pleased to announce the appointment of Dr. Naveena Bobba as Deputy Director of Health. Dr. Bobba will also supervise our Policy and Planning Section. Dr. Bobba will replace Colleen Chawla, who is leaving the San Francisco Department of Public Health to become the Health Care Services Agency Director for Alameda County. Dr. Bobba currently serves as the DPH Director of Public Health Emergency Preparedness and Response, where she leads multi-disciplined teams that coordinate public health and medical disaster planning, preparedness, response and recovery within DPH as well as with other city departments.

Dr. Bobba did her medical training at Harbor UCLA in internal medicine. She completed a fellowship in Allergy and Immunology and worked for Kaiser Permanente before returning to get her MPH at the Harvard School of Public Health. Prior to joining DPH, she worked for Blue Cross Blue Shield of Massachusetts in the Medical Innovation and Leadership Section. Dr. Bobba continues to provide clinical care in allergy and immunology at Zuckerberg San Francisco General Hospital and at Kaiser San Francisco.

Dr. Bobba has been instrumental in the city's responses to Ebola, Zika, Hepatitis A, extreme weather and many other events. She is a strategic leader in planning for natural and man-made disasters and health emergencies, and she has brought the department, and the City, to a new level of readiness. Please congratulate Dr. Bobba and welcome her to this new role. I am confident that Dr. Bobba's leadership skills, experience citywide and clinical expertise will be a great benefit to our department's executive team, to our staff, and to the patients and clients we serve.

#### **President Signs Two-Week Stopgap Measure to Keep Government Funded**

On December 8th, President Trump signed a two-week "continuing resolution" to fund the federal government and avoid a government shutdown. The measure pushes the deadline for passing a catch-all spending bill for the 2018 fiscal year to December 22. While the fiscal year began last October 1, two stop-gap bills have now been passed to extend funding into December. Leaders in Congress are continuing to negotiate overall spending levels with an agreement on a long-term spending still far away. There are multiple items that may be addressed in the final spending bill, including the Deferred Action for Childhood Arrivals (DACA) program, Children's Health Insurance Program (CHIP) funding, bipartisan legislation to stabilize health insurance markets

under the Affordable Care Act, defense and non-defense spending levels, and appropriations for this year's hurricanes and wildfires. Any spending bill will need 60 votes in the Senate, and therefore requires bipartisan support.

On December 13th, a second "continuing resolution" was introduced in the House to fund the federal government through January 19th. This measure also extends the Children's Health Insurance Program (CHIP) for five years and community health centers for two years. However, this legislation uses a portion of the Prevention and Public Health Fund (PPHF) to offset the cost by cutting the PPHF by \$6.35 billion over eight years.

### **Children's Health Insurance Program (CHIP) Funding Update**

While Congress is still working on how to provide long-term funding for the Children's Health Insurance Program (CHIP), the two-week "continuing resolution" to fund the federal government contains a rule change that allows the Centers for Medicare and Medicaid Services (CMS) to provide reserve CHIP funds to states most in need. The previous rule required CMS to evenly distribute leftover funds to each state. As of last week, the government had given \$1.2 billion of its almost \$3 billion in reserve to keep CHIP programs running. Funding for CHIP, which provides health insurance to about nine million children nationwide, expired September 30th, 2017. While the House passed legislation to fund CHIP, the Senate has yet to take up the issue. CHIP funding could be attached to a second continuing resolution bill that would temporarily continue funding the government.

California officials project the state will run out of money for the CHIP program around the end of the year, and doesn't yet have a plan to replace the \$2.7 billion in federal funding it receives. California is legally obligated through the ACA to continue providing coverage for almost all of the children who qualify through 2019. California would need to pass legislation to determine how it would continue to meet this requirement in the absence of federal CHIP funding.

### **Short-term Funding to be provided to Community Health Centers**

Health Resources and Services Administration (HRSA) announced it will provide two months of additional funding for community health centers for January and February 2018 in order to make up for critical funding losses that expired September 30th, 2017. Community Health Centers provide comprehensive care to millions of people, and about 25 percent have grant periods starting January 1st and 17 percent have grant periods starting in February. While health centers have historically had bipartisan support, congress has yet to renew their expired federal funding, jeopardizing their long term stability. Community Health Center funding could be attached to a second continuing resolution bill that would temporarily continue funding the government.

### **Agreement Reached on Tax Bill Reconciliation**

On December 13th, House and Senate Republicans reached an agreement, in principle, that would reconcile the tax bills passed separately by the House and Senate. Republican leaders are aiming to complete a consensus bill and release its text by Friday, December 15th. Legislators have not widely discussed what elements of two previously passed bills the final tax bill will keep. Reports indicate that the negotiated bill will repeal the ACA's individual insurance mandate, but would allow taxpayers to continue to deduct high out-of-pocket medical expenses, and it would retain a provision allowing graduate students who receive tuition stipends to avoid paying taxes on that benefit. If released by Friday, the Senate could take the bill up on Monday and the House could follow on Tuesday or Wednesday. The Senate and House are aiming to pass the compromise bill by the end of the year.

The deficit created by this tax plan may trigger concerning automatic spending cuts that would lead to the complete elimination of the Prevention and Public Health Fund (PPHF) and other mandatory health-related spending. The PPHF currently makes up 12 percent of the entire Centers for Disease Control and Prevention budget, and its elimination would impact public health. Cuts to other essential public health programs like

Medicare and Medicaid would harm older adults and those who depend on government-funded health programs. Congress could pass additional legislation to waive these budget rules to avoid significant impacts for the health of all Americans.

### **Southern California Fires**

A massive wildfire in southern California's Santa Barbara and Ventura Counties continues to spread and is now the fifth-largest wildfire in the state's history. The fire has destroyed more than 750 buildings and resulted in one fatality. Officials report the fire to be ten percent contained as of Monday December 11. Air quality in the affected areas is extremely unhealthy and authorities have issued health alerts warning people in Santa Barbara, Ventura and Los Angeles counties to stay indoors, avoid vigorous outdoor activities and not do anything to stir up ash. On December 8th, the president declared a federal state of **emergency** in **California** enabling agencies to coordinate relief efforts in southern California. Forecasters predict that by the end of the week conditions will shift and bring relief to firefighting efforts. Other major fires in Los Angeles, Riverside and San Diego counties are reported to be mostly contained. High fire risk is expected to last into January for the region.

### **Drug Companies Sue to Block New California Drug Price Law SB 17**

On December 8th, the Pharmaceutical Research and Manufacturers of America filed a lawsuit in federal court to block California's new drug price transparency law, SB 17, which is scheduled to take effect January 2018. The law was approved this year and imposes a required 60-day notice to health plans and other providers when drug makers intend to raise their prices beyond a certain threshold. The law also requires health insurance plans to submit annual reports to the state about which drugs are most frequently prescribed, those which are most expensive and those with the largest year-to-year price increase. If successful, the lawsuit could either delay or derail implementation of the law. The City and County of San Francisco officially supported the bill following the Human Services Agency's referral for support to the State Legislative Committee.

### **Board of Supervisors vote Unanimously to Approve Epic Contract**

On Tuesday, December 5<sup>th</sup>, the Board of Supervisors voted unanimously to approve a contract with Epic for an Electronic Health Record. An enterprise electronic health record (EHR) will improve the patient experience for San Francisco Health Network's more than 100,000 patients per year, who visit us more than 550,000 times annually. It is an essential tool for the organization to function as a unified network so that patient care and experience is consistent and of the highest quality, wherever the patient may be. By unifying our data sources, we will have access to information across the system that will allow us to measure quality and outcomes better than we can today to drive health care improvements. We are really excited about taking this major step forward for patient care.

The EHR project represents a major investment by the City and County of San Francisco, which has authorized a \$377 million budget over the next 10 years to accomplish the contracting, staffing, training, infrastructure and equipment required to bring our public health care system up to the highest standards that today's technology has to offer. This exciting news is the result of many people's hard work. I greatly appreciate the time, talent and expertise of so many who have contributed to this project. Thanks to the leadership of **Bill Kim, Albert Yu, Winona Mindolovich, Greg Wagner** and many others for keeping us on track. The new EHR is slated to go-live in August 2019. Meanwhile, we are continuing to prepare DPH for the new enterprise EHR system through a wide variety of organizational readiness activities.

### **Annual Turkey Giveaway**

Glide Memorial, Community Living Campaign and The San Francisco Public Health Foundation once again partnered with the Department of Public Health and other community agencies to provide holiday turkeys to Bayview and OMI Residents this year. Recipients were identified by the partnering organizations and faith-

based groups and each received a turkey and trimmings. Partnering community organizations helped to organize the donations and coordinate deliveries.

Food Insecurity is a significant public health issue. It is a risk factor for chronic diseases and clinically significant hypoglycemia, and is a barrier to diabetes self-management. Food Insecurity is associated with adverse health outcomes including increased stress and depression, incomplete viral suppression among HIV positive urban poor, higher rates of hospitalization, and acute care utilization. We know that poverty has a direct impact on food security; Bayview Hunters Point and OMI has one of highest percentage of low-income residents.

Turkeys were distributed out to more than 19 community organizations and faith-based organizations including: Southeast Health Center, SFUSD, Bayview YMCA, Reducing Stigma in the Southeast (RSSE), Bayview Home Delivery, Imani Breast Cancer Group, Rafiki Health & Wellness Coalition, George Davis Senior Center, Samoan Solutions, Young Community Developers, Omega Boys Club/ Alive & Free, Joseph Lee Clients, Latino Mother's Group, Olivet Baptist Church, Double Rock Baptist Church, Calvary Hill Community Church, St. John Missionary Baptist Church, St. Marks institutional Missionary Baptist Church, All Hallows & Our Lady of Lourdes, St. Paul of the Shipwreck, New Life Fellowship Church, True Hope Church of God in Christ, New Providence Baptist Church, United House of Prayer, Without Walls Christian Fellowship, St. Paul's Tabernacle Baptist Church, Providence Baptist Church, Cornerstone Baptist, and Union Spring Missionary Baptist Church.

**SAN FRANCISCO HEALTH NETWORK  
ZUCKERBERG SAN FRANCISCO GENERAL  
HOSPITAL & TRAUMA CENTER**

<p><b>December 2017</b> <b>Governing Body Report - Credentialing Summary</b> (12/11/17 MEC)</p>
---

	12/2017	07/2017 to 07/2018
<i>New Appointments</i>	6	151
Reinstatements		
<i>Reappointments</i>	48	320
Delinquencies:		
Reappointment Denials:		
<b>Resigned/Retired:</b>	7	109
<i>Disciplinary Actions</i>		
<b>Administrative Suspension</b>		
<i>Restriction/Limitation-Privileges</i>		
<b>Deceased</b>		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	5	48
Additions	19	90
Proctorship Completed	13	126

<b>Current Statistics – as of 12/1/17</b>		
<i>Active Staff</i>	562	
<i>Courtesy Staff</i>	532	
Affiliated Professionals (non-physicians)	268	
<b>TOTAL MEMBERS</b>	<b>1,362</b>	

<i>Applications in Process</i>	23
<b>Applications Withdrawn Month of December 2017</b>	<b>0</b>
<b>SFGH Reappointments in Process 1/2018 to 3/2018</b>	<b>130</b>

**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**December 2017**

**Health Commission - Director of Health Report**

(November 30, 2017 Medical Exec Committee approval)

	<b>December</b>	<b>(FY 2017-2018) Year-to-Date</b>
<i>New Appointments</i>	<b>1</b>	<b>11</b>
Reinstatements	<b>0</b>	<b>0</b>
<i>Reappointments</i>	<b>7</b>	<b>34</b>
Delinquencies:	<b>0</b>	<b>0</b>
Reappointment Denials:	<b>0</b>	<b>0</b>
<b>Resigned/Retired</b>	<b>1</b>	<b>7</b>
<i>Disciplinary Actions</i>	<b>0</b>	<b>0</b>
<i>Administrative Suspension</i>	<b>1</b>	<b>7</b>
<i>Restriction/Limitation-Privileges</i>	<b>0</b>	<b>0</b>
<b>Deceased</b>	<b>0</b>	<b>0</b>
<i>Changes in Privileges</i>		
Additions	<b>0</b>	<b>1</b>
Voluntary Relinquishments	<b>0</b>	<b>0</b>
Proctorship Completed	<b>0</b>	<b>2</b>
Proctorship Extension	<b>0</b>	<b>0</b>

<b>Current Statistics – as of 11/01/2017</b>	
Active Medical Staff	<b>37</b>
As-Needed Medical Staff	<b>9</b>
<i>External Consultant Medical Staff</i>	<b>44</b>
<i>Courtesy Medical Staff</i>	<b>2</b>
<i>Affiliated Health Professionals</i>	<b>15</b>
<b>TOTAL MEMBERS</b>	<b>107</b>

<b>Applications in Process</b>	<b>4</b>
<b>Applications Withdrawn this month</b>	<b>0</b>

Commissioner Comments:

Commissioner Chung asked for an update on the story in the news in which the Center for Disease Control has prohibited the following words in their funding proposals: vulnerable, entitlement, diversity, transgender, fetus, evidence-based, and science-based. Director Garcia stated that she is not aware of an update since the news story. She also stated that the SFDPH will continue to serve all communities regardless of federal guidelines.

Commissioner Chung stated that she encouraged Director Garcia to communicate with the community to reassure them that the SFDPH will continue to serve them. Director Garcia stated that the SFDPH will continue to serve the transgender communities and will backfill federal funding with General Funds if needed.

**4) GENERAL PUBLIC COMMENT**

There was no general public comment.

**5) CONSENT CALENDAR**

The consent calendar items were recommended for approval by the Health Commission Finance and Planning committee at its December 5, 2017 meeting.

Commissioner Comments:

Commissioner Chow asked if the contracts related to the electronic health record are funded under the budget already reviewed by the Health Commission. Greg Wagner, SFDPH CFO, stated that these contracts are contained in the budget and scope of work that the Health Commission has previously reviewed.

Action Taken: The Health Commission unanimously approved the following:

- DECEMBER 2017 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH DELOITTE CONSULTING LLP, FOR THE OVERALL PROJECT MANAGEMENT OF THE ELECTRONIC HEALTH RECORD (EHR) PROJECT. THE EHR PROGRAM AND PROJECT MANAGER WILL BE RESPONSIBLE FOR ALL PROJECTS WITHIN THE EHR AND FOR THE OVERALL SUCCESS OF THE IMPLEMENTATION AND ADOPTION OF THE EHR PROJECT FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, IN THE AMOUNT OF \$9,900,000, WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR AN ADDITIONAL 24 MONTHS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD DECEMBER 1, 2017 TO NOVEMBER 30, 2022 (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH DELOITTE CONSULTING LLP, TO PROVIDE AS-NEEDED PROJECT MANAGEMENT, GO FORWARD INITIATIVES, PROJECT/COORDINATION AND OPERATIONAL READINESS SERVICES IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF \$9,900,000, WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR AN ADDITIONAL 24 MONTHS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD DECEMBER 1, 2017 TO NOVEMBER 30, 2022 (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH DELOITTE CONSULTING LLP, FOR REVENUE CYCLE MANAGEMENT SERVICES, IN SUPPORT OF THE SFDPH ELECTRONIC HEALTH RECORD (EHR) PROJECT IN THE AMOUNT OF \$9,900,000 WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR AN ADDITIONAL 24 MONTHS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD DECEMBER 1, 2017 TO NOVEMBER 30, 2022 (60 MONTHS).

- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH GOLDEN GATE NEUROMONITORING LLC, FOR NEUROPHYSIOLOGICAL MONITORING SERVICES AT ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL IN THE AMOUNT OF \$1,850,000, WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR AN ADDITIONAL 52 MONTHS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS NOVEMBER 1, 2018 TO OCTOBER 31, 2022. (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW PERPETUAL SOFTWARE LICENSE AGREEMENT AND ACCOMPANYING SOFTWARE MAINTENANCE AGREEMENT WITH HYLAND SOFTWARE, INC. FOR THE HYLAND ONBASE SOFTWARE APPLICATION FOR ENTERPRISE CONTENT MANAGEMENT (ECM) IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT. THE SOFTWARE LICENSE AGREEMENT SHALL BE IN THE AMOUNT OF \$2,060,268 AND THE SOFTWARE MAINTENANCE AGREEMENT SHALL BE IN THE AMOUNT OF \$4,309,530 FOR THE PERIOD JANUARY 1, 2018 TO DECEMBER 31, 2022 (60 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH NORDIC CONSULTING PARTNERS, INC., TO PROVIDE AS-NEEDED PROJECT MANAGEMENT, GO FORWARD INITIATIVES, PROJECT/COORDINATION AND OPERATIONAL READINESS SERVICES IN SUPPORT OF THE ELECTRONIC HEALTH RECORD PROJECT FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF \$9,900,000, WHICH INCLUDES A 12% CONTINGENCY AND AN OPTION TO EXTEND THE CONTRACT FOR AN ADDITIONAL 24 MONTHS. THE TERM OF THE CONTRACT INCLUDING OPTIONS IS FOR THE PERIOD DECEMBER 1, 2017 TO NOVEMBER 30, 2022 (60 MONTHS).

**6) RESOLUTION IN HONOR OF EDWIN MAH LEE**

Commissioner Chow introduced the resolution and Director Garcia read the resolution aloud.

Commission Comments:

Commissioner Chow stated that in his perspective, Mayor Lee was very supportive of the SFDPH's policies and vision. He noted that the relationship between Mayor Lee and the SFDPH was the most productive he had witnessed in his many years on the Health Commission. He added that the resolution specifies Mayor Lee's support for public health related issues that improved the quality of life for San Francisco residents.

Action Taken: The Health Commission unanimously approved the resolution. (Attachment A)

**7) RESOLUTION IN HONOR OF COLLEEN CHAWLA**

Director Garcia introduced the resolution.

Action Taken: The Health Commission unanimously approved the resolution. (Attachment B)

**8) RESOLUTION IN SUPPORT OF VISION ZERO AND AUTOMATED SPEED ENFORCEMENT**

Cyndy Comerford, Office of Policy and Planning, introduced the resolution.

Commissioner Comments:

Commissioner Pating stated that he is in full support of the resolution and the Vision Zero initiative.

Commissioner Bernal asked if AB 342 funds pilot programs only in San Jose and San Francisco with the intention of eventually expanding these efforts. Ms. Comerford stated that due to the opposition to this effort in other regions within the state, these pilot projects were proposed in local jurisdictions that support the effort to assess the effectiveness and gather data for future statewide efforts.

Action Taken: The Health Commission unanimously approved the resolution. (Attachment C)

**9) SFDPH BUDGET**

Greg Wagner, SFDPH Chief Financial Officer, presented the item.

Commission Comments:

Commissioner Chow introduced the item by stating that usually when the Health Commission holds a planning session, it is conducted in a smaller room around a conference table to allow more free-flowing conversation between the Commissioners and SFDPH staff. He noted that these meetings are always open to the public. He added that because there was not a quorum at the December 5, 2017 Health Commission meeting, several open session and closed session items of business were added to the December 19, 2017 meeting agenda. Therefore the meeting has been held in room 300.

Commissioner Chow asked the approximate amount of the total SFDPH budget. Mr. Wagner stated that the SFDPH budget is a bit over \$2 Billion. He noted that the Mayor's budget instructions do not request a reduction but a slower pace of expansion and growth.

Commissioner Pating asked how the level of SFDPH General Fund support compares to other City Departments. Mr. Wagner stated that the SFMTA, HSA, Police, Sheriff's Department, and SFDPH are the biggest recipients of the City's General Fund.

Commissioner Pating asked if other City Departments have budget reserves. Mr. Wagner stated that all Enterprise Departments such as the PUC, Airport, MTA, and Building Inspection, have budget reserves. These Departments do not rely on the City General Fund to assist them in budget crises. He noted that most other Departments do not have budget reserves. He added that the SFDPH initiated its own management reserve through a budget appropriation ordinance to protect it during economic volatility.

Commissioner Chow stated that the Mayor's budget target for the SFDPH is in alignment with the budget expectations from the previous year. Mr. Wagner stated that the SFDPH will restrain its spending but does not need to make dramatic spending cuts.

Commissioner Pating asked for more information regarding SFDPH initiatives that may assist with increased revenues in the future. Mr. Wagner stated that Waiver programs, ZSFG patient flow improvement, and the electronic health record are initiatives that will help increase the potential SFDPH revenues.

Commissioner Chow noted that the SFDPH salary costs are a large part of the budget each year and those costs are determined by City labor negotiations. Mr. Wagner stated that the SFDPH has control over the number of positions (FTEs) it has in its budget and will strive not to add FTEs when services are reconfigured or added.

Commissioner Chow asked for clarification on whether the Health Commission should expect more electronic health record vendor contracts. Mr. Wagner stated that there will likely be a number of related contracts that come before the Health Commission for approval in the next months. He noted that the SFDPH will make presentations at the Finance and Planning Committee to give context of these contracts in regard to the full project.

Commissioner Chow requested that the SFDPH update the Health Commission on a regular basis on the cost and spending on the electronic health record project. He noted this type of update is common for capital projects such as the LHH and ZSFG rebuilds.

Commissioner Chow asked for more information regarding the future plans to move the SFDPH central administration to the ZSFG campus. Mr. Wagner stated that funding is in place for the renovation of the ZSFG

building and move. Director Garcia stated that SFDPH strives to provide a safe working environment and this future move is part of this effort. She participates on the CCSF Capital Projects Committee and hopes to move this project forward.

Commissioner Pating asked if the SFDPH is responsible for cost overruns on SFDPH capital projects. Mr. Wagner stated that the SFDPH has put measures in place to avoid cost overruns. This includes making investments in comprehensive planning and management of the projects to avoid going over the budget. He noted that the SFDPH works closely with DPW on all capital projects.

Commissioner Karshmer stated that the SFDPH has improved its contract process with capital project vendors to make the process more efficient and transparent.

Commissioner Chow thanked Mr. Wagner for the work on the presentation.

Commissioner Karshmer thanked Mr. Wagner and Director Garcia for a presentation that is easy to understand. She also thanked them for the thoughtful planning process to address the cap in the SFDPH budget growth. Mr. Wagner stated that at his tenure at the SFDPH, he has observed a culture shift in which SFDPH Executive Staff have greater understanding and ownership of financial stewardship of the SFDPH.

Commissioner Sanchez thanked Mr. Wagner for the presentation and added that it has been fascinating to observe the SFDPH grow in its understanding and skills regarding managing its budget.

Commissioner Chung thanked Mr. Wagner for the clear and educational presentation. She added that she remains concerned about how the SFDPH accounts for a major disaster like an earthquake in its budget projections. She encouraged the SFDPH to add this topic to its budget contingency planning efforts. She noted that during 2017 there have been many major disasters throughout the country. These incidents deeply impact the service system and finances of the cities/counties. Mr. Wagner stated that the SFDPH will add a planning category for natural disasters. Director Garcia stated that the Health Commission will also be updated on the SFDPH disaster preparedness during the Public Health Emergency Preparedness and Response update late this year.

Commissioner Bernal asked if SFDPH and CCSF disaster planning takes into account mutual aid from other counties. Director Garcia stated that mutual aid from other counties and non-profits are part of the CCSF and SFDPH disaster planning efforts.

**10) OTHER BUSINESS:**

This item was not discussed.

**11) JOINT CONFERENCE COMMITTEE REPORTS**

No Joint Conference Committee has met since the last Health Commission meeting. Therefore, this item was not discussed.

**12) COMMITTEE AGENDA SETTING**

Mr. Morewitz noted that the January 2, 2018 full Health Commission meeting has been cancelled.

**13) CLOSED SESSION**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11) and to invoke the attorney-client privilege (San Francisco Administrative Code Section

67.10(d)

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; Government Code Section 54957, and California Constitution, Article I, Section 1

CONSIDERATION OF LHH STAFF CREDENTIALING REPORT

CONSIDERATION OF ZSFG STAFF CREDENTIALING REPORT

- D) CONFERENCE WITH CITY ATTORNEY

Convene in Closed Session - Existing Litigation - Motion that the Health Commission convene in closed session with the City Attorney for the purpose of conferring with, or receiving advice from, the City Attorney regarding the following existing lawsuits in which a proposed settlement is being consider by the Commission, pursuant to San Francisco Administrative Code Section 67.10(d) and California Government Code Sections 54956.9 and 54956.9(e)(3) permit this closed session. Discussion in open session concerning these matters would likely and unavoidably prejudice the position of the City in the pending lawsuits listed below.

(After a closed session, if one occurs, the Health Commission shall adopt a motion either to disclose or not to disclose.)

1. Settlement of Litigation: Mikaela Anna Merchant, \$50,000.00

Mikaela Anna Merchant vs. City and County of San Francisco; Department of Public Health, by and through Barbara Garcia, in her official capacities, and Ricardo Duarte, in his individual and official capacities. (San Francisco Superior Court, Case No. CGC-16-555561) (ACTION)

2. Settlement of Litigation: David Zeller, City to Pay \$290,000.00 and Co-Defendant the Regents of the University California to pay \$200,245.00

David Zeller vs. San Francisco General Hospital; The City and County of San Francisco; The Regents of the University of California; Matthew Oertli, M.D.; Malini Singh, M.D.; John Rolsont, M.D.; Daniel Pastula, M.D.; Jeffrey Dixon, M.D.; Murat Pekmezci, M.D.; Ehsan Tabaraee, M.D.; Ralph Coughlin, M.D.; Abbey Kennedy, M.D.; Samantha Piper, M.D.; Peter Shen, M.D. (San Francisco Superior Court, Case No, CGC-13-529554) (ACTION)

3. Settlement of Litigation: Donald Spadini, City to Pay \$120,600.00 and Co-Defendant the Regents of the University California to pay \$59,400.00.00

Donald Spadini vs. The City & County of San Francisco, The Regents of the University of California. (San Francisco Superior Court, Case No. CGC-16-554218) (ACTION)

- E) Closed sessions.

(After a closed session, if one occurs, the Health Commission shall adopt a motion either to disclose or not to disclose.)

F) Reconvene in Open Session:

Action Taken: The Health Commission voted not to disclose the discussions held in closed session.

**14) ADJOURNMENT**

The meeting was adjourned at 5:21pm in honor of Mayor Ed Lee.

**HEALTH COMMISSION  
City and County of San Francisco  
Resolution No. 17-11**

**HONORING THE IMPACTFUL CONTRIBUTIONS OF MAYOR EDWIN MAH LEE  
TO THE CITY OF SAN FRANCISCO**

**WHEREAS**, Ed Lee, was the first Asian American to serve as Mayor of San Francisco; he was first appointed by the Board of Supervisors in November, 2011 and re-elected twice;

**WHEREAS**, Mayor Lee was raised in public housing in Seattle Washington and moved to the Bay area to attend law school at the University of California Berkeley in 1978;

**WHEREAS**, Mayor Lee devoted his early career to advocating for affordable housing, rights of immigrants, and rights of renters, through his work at the San Francisco Asian Law Caucus;

**WHEREAS**, Ed Lee had a long and productive career working for the City and County of San Francisco, including:

- Executive Director of the San Francisco Human Rights Commission
- Director of City Purchasing
- Director of Public Works
- City Administrator

**WHEREAS**, Mayor Lee was a strong supporter of the SFDPH, its programs, and its clients:

- He sought humane and lasting solutions to the issues of homelessness, untreated mental illness, and substance abuse in San Francisco;
- He supported and funded the creation of the City's first behavioral health navigation center at Hummingbird Place on the ZSFG campus;
- He was an avid supporter of the Getting to Zero initiative and consistently backfilled HIV funding for SFDPH programs when federal cuts threatened the City's stellar service system;
- He launched an innovative program in 2016 to help San Franciscans afford health insurance, through the SF Covered MRA under the City Option;
- He was a champion for the Vision Zero Collective Impact Initiative which increases safety for pedestrians and bicyclists while reducing injuries and deaths;
- He supported the implementation of Assisted Outpatient Treatment in San Francisco, giving families a chance at connection to treatment for loved ones suffering from mental illness;
- He put a generous amount of funds on reserve in the FY17/18 and 18/19 budget to protect the City against potential federal threats to the Affordable Care Act and health care funding;
- He supported the SFDPH development of an integrated electronic health record system through direct funding of the project and approved innovative funding mechanisms by which the SFDPH could fund the initiative through saved revenue;
- He ushered in the rebuild of the ZSFG hospital and spent time with patients at Zuckerberg San Francisco General Hospital and Laguna Honda Hospital in addition to visiting the SFDPH Health Centers.

**WHEREAS**, Mayor Lee created the Department of Homelessness and Supportive Housing to focus efforts to prevent homelessness and assist those who are homeless;

**WHEREAS**, as Mayor, Ed Lee advocated for affordable housing in many ways including:

- Pledging to build and rehabilitate buildings intended for low, working, and middle class.
- Joining with Board President, David Chiu, to create the Ellis Act Housing Preference Program to assist tenants evicted through the Ellis Act;
- Sponsoring many housing funding initiatives.

**WHEREAS**, Mayor Lee died on December 12, 2017 at Zuckerberg San Francisco General Hospital.

**THEREFORE BE IT RESOLVED**, that the San Francisco Health Commission acknowledges and honors Mayor Lee for his lifelong commitment and dedication to improving the lives of others through his invaluable public service, his enormous compassion for others, and his effective and thoughtful leadership; and be it

**FURTHER RESOLVED**, that the San Francisco Health Commission conveys its heartfelt condolences to his family, friends, and colleagues.

I hereby certify that the San Francisco Health Commission at its meeting of December 19, 2017 adopted the foregoing resolution.

---

Mark Morewitz,  
Executive Secretary to the Health Commission

**Health Commission  
City and County of San Francisco  
Resolution No. 17-12**

**IN SUPPORT OF VISION ZERO AND AUTOMATED SPEED ENFORCEMENT**

WHEREAS, the San Francisco Health Commission adopted Vision Zero in 2014, as a City and County initiative to eliminate traffic-related fatalities by 2024; and

WHEREAS, the SF Vision Zero Initiative states that all traffic-related deaths are unacceptable and preventable; and

WHEREAS, the San Francisco Department of Public Health (SFDPH) has co-chaired the Citywide Vision Zero Task Force with San Francisco Municipal Transportation Agency (SFMTA) since 2014; and

WHEREAS, pedestrians and cyclists are the road users most vulnerable to injury and death, and account for over half of all traffic deaths in San Francisco; and

WHEREAS, the City and County of San Francisco has the most pedestrian injuries per capita of all counties in the State of California; and

WHEREAS, the SFDPH has found that pedestrian and cyclist injuries and deaths are highly concentrated on a subset of city streets, and these streets are disproportionately concentrated in low-income, non-English speaking communities with high densities of seniors, disabled residents, and populations reliant on walking and public transit; and

WHEREAS, the SFDPH finds that 70% of severe and fatal injuries occur on the 12% of street miles of the Vision Zero High Injury Network; and

WHEREAS, seniors account for over 50% of pedestrian deaths and are 5 times more likely than younger adults to be fatally injured in a collision, and children are more vulnerable to pedestrian injury as they are still developing cognitively and behaviorally; and

WHEREAS, approximately 45% of trauma registry patients at Zuckerberg San Francisco General Hospital sustained a transportation-related injury, the leading cause of injury at the Trauma Center; and

WHEREAS, the annual medical costs for pedestrians injured in a traffic collision is \$15 million, \$35 million for all transportation-related injuries and the total economic cost of traffic injuries and fatalities is \$564 million in San Francisco; and

WHEREAS, speeding is the number one cause of fatal and severe injury collisions in San Francisco; and

WHEREAS, slower vehicle speeds greatly reduce the chance of severe injury or death in the case of collision, with a pedestrian hit by a car at 20 mph having a 90% chance of surviving, while a person hit by a car at 40 mph has only a 20% chance of surviving; and

WHEREAS, the City's 2017/18 Vision Zero Two-Year Action Strategy specifically includes a policy initiative to advance Automated Speed Enforcement at the State level; and

WHEREAS, research has shown that Automated Speed Enforcement (ASE) have been proven repeatedly to reduce overall speeding and reduce the number of drivers speeding in excess of 10 miles per hour over the speed limit; and

WHEREAS, research has shown that ASE produces statistically significant results in reducing the number of collisions or injuries, both at camera sites and system-wide; and

WHEREAS, ASE, when used in conjunction with traditional means of traffic enforcement and public education, complements law enforcement's traffic safety efforts and enforcement programs; and

WHEREAS, the National Highway Traffic Safety Administration reports that fixed speed cameras reduce injury crashes by 20% to 25%, and mobile speed cameras reduce injury collisions by 21% to 51%, and "automated enforcement systems can result in measureable safety improvement at high crash locations;" and

WHEREAS, on November 12, 2015, the City and County Office of the Controller released the report "Automated Speed Enforcement and Implementation: Survey Findings and Lessons Learned from Around the Country" based on a survey of six cities utilizing ASE technologies in the United States; and

WHEREAS, the Controller's Office assessment found that ASE has been an effective tool in reducing speeds and improving street safety in the six jurisdictions surveyed; and

WHEREAS, The National Transportation Safety Board (NTSB) released a new report in July 2017 found that the relationship between speed and injury severity is consistent and direct, and specifically recommends that all states remove barriers to the use of automated speed enforcement based on their finding that ASE is an effective but underused; and

WHEREAS, 139 communities in the United States have implemented Automated Speed Enforcement programs with proven results; and

WHEREAS, Automated Speed Enforcement cameras are currently prohibited in California and State legislation is required to authorize San Francisco and other California cities to implement ASE.

WHEREAS, On February 8<sup>th</sup> 2017, Assembly member David Chiu introduced Assembly Bill 342, also known as the Safe Streets Act of 2017, which would allow the City of San Jose and the City and County of San Francisco the authority to install automated speed enforcement (ASE) systems over a five-year pilot period; and

THEREFORE BE IT RESOLVED, that the San Francisco Health Commission strongly supports State legislation and AB 342 to allow cities across California to use Automated Speed Enforcement to reduce speeding; and be it;

FURTHER RESOLVED, that to protect the privacy interests of persons who are issued citations under an Automated Speed Enforcement program, that the Health Commission supports a program in which the photographic, video, or other visual records generated by the program are confidential, and are made available only to alleged violators, and to governmental agencies solely for the purpose of enforcing these violations; and be it

FURTHER RESOLVED, that the Health Commission supports SFDPH's continued leadership to help the City achieve the goal of zero traffic fatalities through work with State partners, the Citywide Vision Zero Task Force and the Vision Zero engineering, enforcement, education, and encouragement initiatives; and be it

FURTHER RESOLVED, that the Health Commission request that SFPD staff report back to the Commission regarding progress and barriers to the achievement of Vision Zero and specifically on Automated Speed Enforcement on an annual basis.

I hereby certify that at the San Francisco Health Commission at its meeting of December 19, 2017 adopted the foregoing resolution.

---

Mark Morewitz  
Health Commission Executive Secretary

**Health Commission  
City and County of San Francisco  
Resolution No. 17-10**

**RESOLUTION IN HONOR OF COLLEEN CHAWLA**

WHEREAS, Colleen Chawla has served the City and County of San Francisco as an exceptional leader at the San Francisco Department of Public Health for 13 years; and

WHEREAS Ms. Chawla has served as the Deputy Director of Health and Director of Policy and Planning for the past 6 years; and

WHEREAS, Ms. Chawla successfully led several citywide and department-wide strategic policy initiatives including the groundbreaking Health Care Services Master Plan, and the Universal Health Care Council; and

WHEREAS, Ms. Chawla oversees governmental relations activities with the legislative and executive branches of the local, state, and federal government on issues that impact the Department's clients, programs, and activities; and

WHEREAS, Ms. Chawla has been a stellar leader in promoting access to health care through her dedication to serving low-income and underrepresented residents; and

WHEREAS, Ms. Chawla is widely respected by her colleagues across the Department and City for her dedication, expertise, wisdom, and humility; and

WHEREAS Ms. Chawla has a genuine respect for people, regardless of race, class, or gender and is approachable, inclusive and welcoming; and

BE IT RESOLVED that the Health Commission honors Colleen Chawla for her outstanding leadership at the San Francisco Department of Public Health and for significantly shaping the health policy landscape in the City and County of San Francisco; and

BE IT FURTHER RESOLVED that Ms. Chawla has earned the respect of the Health Commission through her hard work, extensive knowledge of public health and health care, and great dedication to the Department of Public Health.

I hereby certify that at the San Francisco Health Commission at its meeting of December 19, 2017 adopted the foregoing resolution.

---

Mark Morewitz  
Executive Secretary to the Health Commission